

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/13/2011	
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT HOBART				STREET ADDRESS, CITY, STATE, ZIP CODE 1420 ST MARY CIRCLE HOBART, IN46342			
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R0000	<p>This visit was for the Investigation of Complaint IN00095618.</p> <p>Complaint IN00095618- Substantiated, state residential finding related to the allegations is cited at R 0349.</p> <p>Survey dates: September 12 and 13, 2011</p> <p>Facility number: 002627 Provider number: 002627 AIM number: N/A</p> <p>Survey Team: Janelyn Kulik, RN</p> <p>Census bed type: Residential: 115 Total: 115</p> <p>Census bed type: Other: 115 Total: 115</p> <p>Sample: 6</p> <p>This state finding is cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on September 14, 2011 by Bev Faulkner, RN</p>			R0000	<p>Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0349	<p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p> <p>(1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure clinical records were maintained with complete and accurate documented resident information for 1 or 6 residents reviewed related to incomplete physician orders, lack of documentation, and lack of assessment.</p> <p>Resident B</p>			R0349	<p>R 349 Clinical Records-Noncompliance <i>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</i> · Resident # B has been discharged from our community on 9/1/11. <i>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</i> · An audit of clinical records for residents receiving home health services related to wound care was completed by the Resident Care Director on 9/21/11 to identify any conflicting / inaccurate documentation regarding wound type / treatment. There were no residents affected by the alleged deficient practice. <i>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?</i> · Licensed nursing staff were re-educated on 9/21/11, by the resident care director, regarding community policy on wound care and</p>		09/23/2011

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	<p>Findings include:</p> <p>The closed record for Resident #B was reviewed on 9/12/11 at 2:10 p.m. The resident's diagnoses included, but were not limited to, diabetes mellitus, hypertension, dementia, neuropathy, congestive heart failure, coronary artery disease, depression, and history of urinary tract infection.</p> <p>A nursing note, dated 6/7/11 at 8:00 p.m., indicated the RA</p>				<p>treatments / clinical records documentation. · The Resident Care Director educated Home Health Agency nurses providing wound care in our community regarding the communities policy related to wound care and Health Care Provider Collaboration within our community on 9/13/11. <i>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put in place?</i> · The Resident Care Director or designee will review home health binders weekly and address any discrepancies related to wound care timely. · Weekly reviews will be reviewed monthly at the communities Quality Assurance meeting, the QA committee will determine if continued auditing is necessary based on 6 consecutive months of sustained compliance. · The communities' regional team will randomly audit during routine visits and during the annual Comprehensive Review Process. <i>By what date will these systemic changes be implemented?</i> · 9/23/11</p>		

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	<p>(Resident Aide) found a wound on the resident's left ankle bone while giving the resident a bed bath. There was no active bleeding. The area measured 2 cm (centimeters) in diameter. The physician was called and indicated she would be in on 6/8/11 to see the resident. The physician ordered a dry dressing to the area. The dressing was applied. The family was made aware.</p> <p>A nursing note, dated 6/8/11 at 11:46 a.m.,</p>						

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	<p>indicated the physician was in to see the resident. An order was received to clean the left ankle with betadine and apply a dry dressing daily until healed.</p> <p>A nursing note, dated 6/9/11 at 7:30 p.m., indicated "order re-clarification for skin tear to left outer ankle. Clean wound site with ns (normal saline) & (and) apply dry drsg (dressing) until healed. "</p> <p>A physician order, dated 6/9/11 at 7:30 p.m.,</p>						

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	<p>indicated skin tear, cleanse wound to left outer ankle with normal saline and cover with dry dressing until healed.</p> <p>Review of the Medication Administration Record for June 2011, indicated no entry for the resident's left ankle to be cleansed with betadine and covered with a dry dressing daily until healed or to be cleansed with normal saline and covered with a dry dressing until healed.</p>						

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	<p>A nursing note, dated 6/11/11 at 1:00 p.m., indicated dressing to left outer ankle changed. The treatment was done per physician orders. There was slight yellow drainage noted. At 7:05 p.m., the dressing to the left ankle fell off. The area was cleansed with normal saline and a dry dressing was applied. There was no signs or symptoms of infection. There was no drainage.</p> <p>A nursing note, dated 6/27/11 at 10:20 a.m., indicated home health</p>						

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	<p>care was notified related to a new order for home health to treat the wound.</p> <p>A home health note, dated 6/28/11, indicated the type of wound was a neuropathic (diabetic wound) on the left ankle. The stage of pressure order was a Stage IV (full thickness of skin and subcutaneous tissue was lost). The area measured 4.0 by 3.2 by 0.4. There was a scant amount of drainage and the wound bed was slough (necrotic or</p>						

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	<p>avascular in the process of separating from viable tissue).</p> <p>A home health certification and plan of treatment, dated 6/29/11, indicated a diagnosis of diabetic wound to left ankle and weakness. The wound care was cleanse wound with normal saline, apply bacitracin, cover with a 4 by 4 and tape to secure.</p> <p>A physician order, dated 6/29/11 at 1:15 p.m., indicated wound care,</p>						

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	<p>cleanse with normal saline, apply polysporin (antibiotic) and dry dressing daily.</p> <p>A nursing note, dated 6/29/11 at 1:20 p.m., indicated the physician was in to see the resident and a new order was received to cleanse the wound with normal saline, apply polysporin ointment, and apply a dry dressing.</p> <p>Review of the Medication Administration Record for July 2011, indicated</p>						

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	<p>to clean wound to left ankle with normal saline, apply polysporin ointment and apply dry dressing per home health nurse daily. The treatment was signed out as completed 7/1/11 thru 7/14/11 with 7/13/11 circle. The back of the Medication Administration Record indicated the treatment was not completed on 7/13/11 and the physician was notified.</p> <p>A home health note, dated 7/1/11, indicated the type of wound was</p>						

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	<p>pressure on the left ankle. The stage of the pressure wound was a Stage IV with a small amount of drainage and the wound bed tissue was slough. There were no measurements.</p> <p>A home health note, dated 7/5/11, indicated the type of wound was pressure on the left ankle. There was no stage documented. The area measured 2.0 by 2.0 by 0.1 cm (centimeters). There was a small amount of drainage and the wound bed tissue</p>						

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	<p>was slick pink.</p> <p>A home health note, dated 7/7/11, indicated the type of wound was pressure on the right (sic) outer ankle. The stage was not documented. The area measured 2.0 by 2.0 by 0.1 cm. There was a small amount of drainage and the wound bed tissue was slick pink.</p> <p>A nursing note, dated 7/8/11 at 5:00 p.m., indicated the physician was in and the resident</p>						

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	<p>was seen.</p> <p>A home health note, dated 7/8/11, indicated the type of wound was pressure on the left lateral ankle. The area measured 2.0 by 2.0 by 0.1 cm. There was a moderate amount of drainage and the wound bed tissue was slick pink. The wound was a Stage III (a full thickness of skin is lost, able to see subcutaneous tissue).</p> <p>A home health note, dated 7/11/11, indicated the type of wound was</p>						

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	<p>pressure. There was no stage documented. The wound measured 2.0 by 2.0 by 0.1 cm. There was a small amount of drainage and the wound bed tissue was slough.</p> <p>A nursing note, dated 7/13/11 at 12:30 p.m., indicated the physician was in to see the resident. The physician wanted home health to address the foot daily per order and dressing change.</p> <p>A nursing note, dated 7/14/11 at 8:00 p.m.,</p>						

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	<p>indicated the nurse spoke with the resident's daughter and the resident was being admitted to the hospital for IV (intravenous antibiotics) for the wound to the resident's left ankle and weakness on the resident's left side of her body. The daughter indicated testing was being done.</p> <p>Interview with the Resident Care Director on 9/13/11 at 10:55 a.m., indicated she could not say how often the dressing change was to</p>						

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	be completed that was ordered on 6/9/11. The staff should have indicated that information. She also indicated she did not know why the treatment was not included on the Medication Administration Record and did not how often it had been completed. It should have been documented on the Medication Administration Record. She also indicated she had informed staff they were not to sign that treatments had been						

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	<p>completed that were being done by the home health nurse. She further indicated she could not say who was completing the dressing change to the wound the staff had signed out as completed. She further indicated if the staff had been doing the dressing changes as was documented on the Medication Administration Records they should have been assessing the resident's wound.</p> <p>Interview with the Resident Care Director</p>						

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	<p>on 9/13/11 at 1:30 p.m., indicated the resident's physician had been aware of the resident's wound and had seen the wound on several occasions. She indicated she had only seen the wound when it was first observed and it was a skin tear. She was not aware the home health nurse had indicated the wound was a neuropathic ulcer and a pressure ulcer.</p> <p>This state residential finding relates to Complaint IN00095618.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/28/2011

FORM APPROVED

OMB NO. 0938-0391

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